

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Brian Leyland-Jones
Application No.: 10/087,996 Group: 1641
Filed: February 28, 2002 Examiner: Counts, Gary W.
Confirmation No.: 2676
For: USE OF METABOLIC PHENOTYPING IN INDIVIDUALIZED
TREATMENT WITH AMONAFIDE

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
9-10-04	<i>Dawn M Myers</i>
Date	Signature
<i>Dawn M Myers</i>	
Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment and Reply to Restriction Requirement for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	88	MINUS	* 88	0
INDEP	8	MINUS	** 8	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 9	\$
X \$43	\$
+ \$145	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$86	\$
+ \$290	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

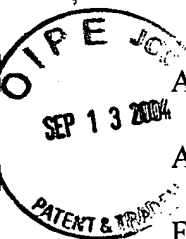
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Deirdre E. Sanders
Deirdre E. Sanders
Registration No.: 42,122
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: September 10, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Brian Leyland-Jones

Application No.: 10/087,996

Group: 1641

Filed: February 28, 2002

Examiner: Counts, Gary W.

Confirmation No.: 2676

For: USE OF METABOLIC PHENOTYPING IN INDIVIDUALIZED
TREATMENT WITH AMONAFIDE

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
9-10-04	<i>Dawn M Myers</i>
Date	Signature
<i>Dawn M Myers</i>	
Typed or printed name of person signing certificate	

PRELIMINARY AMENDMENT
AND
REPLY TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment and Reply to Restriction Requirement is being filed in response to the Restriction Requirement mailed from the United States Patent and Trademark Office on August 10, 2004.

Please amend the application as follows: